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ABSTRACT

The investigation and adjudication of cases of alleged sexual abuse of children can cause as much or more trauma to a child as the sexual abuse itself. Such secondary victimization may occur when children are subjected to repeated interviews, questionable techniques, intrusive physical examinations, inappropriate reactions and overreactions by adults, ill-advised sexual abuse therapy, removal from home, or disruption of relationships with family and friends. In many cases, the young person becomes a victim only because grown-ups expect him or her to become a victim. This paper offers a discussion of ways to minimize secondary victimization in cases of alleged sexual abuse. It is recommended that investigators: (1) minimize the risk of identifying a nonabused child as abused; (2) not remove the child from home unless absolutely necessary; (3) interview the child somewhere other than the child's school; and (4) carefully assess the child before placing her or him in sexual abuse therapy. (RH)

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How to Avoid Secondary Victimization in Child Sexual Abuse Investigations[1]

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The investigation and adjudication of cases of alleged sexual abuse of children can cause as much or more trauma to a child as the sexual abuse itself. Such secondary victimization may occur when children are subjected to repeated interviews, questionable techniques adopted in the absence of factual knowledge, intrusive physical examinations, inappropriate reactions and overreactions by adults, ill-advised sexual abuse therapy, or removal from home and friends. If the child subjected to such procedures has not actually been abused, the potential for damage and the imposition by adults of secondary victimization of the children is much greater.

There is research on the effects of the investigation and adult reactions to abuse. In a study of 8058 sexual abuse victims in Lower Saxony, it was found that "secondary injury to the victim may easily occur, i.e., the child incurs additional injury from the behaviour of persons in the environment, or injury even first results from this behaviour" (Baurmann, 1983, p. 526). In fact, for at least one-fifth of the sample, the *main cause* of the injury was judged by the victims to be the behavior of relatives, friends, or the police.

Since the sexual abuse itself was not judged to be harmful by half of the victims, Baurmann concludes: "Adults who have the opinion that any sexual behavior is traumatic for children and young people have to face the fact that in many cases the young person becomes a victim only because grown-ups expect him or her to become a victim" (p. 529). This process is termed *secondary victimization*.

Tyler and Brassard (1984) report that the abuse investigation can be devastating to families and children. They state that "The entire family is adversely affected, particularly the victim" (p. 51). The victim is often removed from home and placed in foster or shelter care and may become estranged from the family. The family may be permanently disrupted.

If the child has not, in fact, been abused, the family is still seriously traumatized by the disruption. Falsely accused families compare the experience to having a child die. Schultz (1989) surveyed 100 families falsely charged with sexual abuse and almost all reported major trauma and disruption.

If the child has been abused, the disruption and trauma resulting from the disclosure runs the risk of causing the child to retract the allegations. For example, one 13-year-old

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girl who spent time in a foster home after telling about the abuse from her stepfather, said that she at one point retracted her original allegations because she wanted to go home and get on with her life. Her complaints at the time we saw her were more about what had happened since the disclosure than about the abuse itself.

We have several suggestions as to how to minimize secondary victimization in cases of alleged sexual abuse.

Minimize the Risk of Identifying a Nonabused Child As Abused

Conduct a very careful investigation to minimize the risk of concluding that a nonabused child has been sexually abused. Research suggests that mental health professionals most often come to quick decisions based on minimal data, often one idiosyncratic cue, and then persist in that hasty judgment. Evaluators must keep an open mind, resist a rush to judgment, and try to find all possible factual data, rather than just attempting to get information to substantiate abuse.

Unfortunately, many child interviews are leading, coercive, and suggestive (Underwager & Wakefield, 1989). The child should be carefully interviewed and the interviewer should explore all possible hypotheses in addition to abuse before solidifying an opinion or making a decision. Since 1954, German law has mandated a specific approach to all cases of child sexual abuse. It is called Statement Validity Analysis. Building on the German research and experience, the Criteria-based Content Analysis/ Statement Validity Analysis (CBCA/SVA) approach being studied and used by Raskin and Esplin (in press) offers a promising alternative to the way many interviews are conducted in this country.

Common techniques, such as books, drawings, purported play therapy, puppets, and the anatomical dolls can increase the risk of making a mistake. There is no evidence that such techniques are valid or reliable for assessing whether a child has been abused.

The manner of the disclosure is important and the adult reporting the abuse should be carefully interviewed as to how the allegation came about. The person accused should also be interviewed. Often, the accused is not interviewed until the case is substantiated and criminal charges are brought. In many instances, as a matter of policy, the accused is never interviewed. A careful and properly conducted interrogation of an alleged perpetrator may often assist in either an admission or sufficient information to clarify the specific situation. Either outcome may well save children from potentially harmful involvement in the system.

Certain environmental situations should signal particular caution and discretion. These include allegations of abuse in very young children arising in the midst of a conflicted divorce/custody battle, allegations involving a disturbed adolescent, and

allegations arising in day care centers or institutional settings. The use of alleged "behavioral indicators" to initiate an accusation of abuse must be carefully and critically examined. When the initial disclosure is made by an adult who has observed a so-called "behavior indicator" and begins questioning a young child, the adult may inadvertently develop statements about abuse. On the other hand, a disclosure which originates with the child is more likely to be true.

Do Not Remove the Child From Home Unless Absolutely Necessary

Removing the child from home increases the trauma to the child. A well-conducted research project at Tufts New England Medical Center (Gomes-Schwartz, Horowitz, & Cardarelli, 1990) found that children who were removed from home were more distressed than those who remained. Although it is difficult to sort out cause and effect, the authors recommend that the child be removed only when absolutely necessary to ensure personal safety.

Foster care can be harmful to children. Besharov (1985) reviews the effects of foster care and concludes that "long-term foster care can leave lasting psychological scars. Foster care is an emotionally jarring experience; it confuses young children and unsettles older ones." The foster placement may not protect the abused child—studies indicate that a child is at risk of being physically or sexually abused or neglected in a foster home or shelter (Wakefield & Underwager, 1988).

Gomes-Schwartz, et al. (1990) point out that if there is any indication the mother may not fully accept the allegations of abuse, the protective workers are likely to remove the child. This behavior is not justified since most mothers in their study took some action to protect their child. If the issue is the safety of the child, the alleged perpetrator should be removed from home rather than the child. Termination of parental rights and denial to a child of any further contact with their parents, based upon the belief that it is neglecting the child if the parent does not totally believe an accusation, is a peculiarly Draconian solution to a problem.

Do Not Interview the Child in School

Abuse victims have described to us their embarrassment at having police or social workers come to school unannounced, pull them out of class, and interview them about the abuse. This is sometimes deemed necessary because the parents are not trusted or are the persons accused. However, particularly for a sensitive, self-conscious preadolescent or

adolescent, such an experience can be acutely embarrassing. Although this may be legal in some states, it can contribute to secondary victimization.

Do a Careful Assessment of the Child Before Placing the Child In Sexual Abuse Therapy

Contrary to what is often believed, not all children are seriously damaged by sexual abuse. Gomes-Schwartz, et al. (1990) found that only 27% of their total sample showed clinically significant psychopathology. This varied according to the age of the child, with 17% of the preschool children, 40% of the 7 to 13 year olds, and 8% of the adolescents being classified as seriously disturbed. Baurmann (1983) reported similar percentages: half of his respondents reported no negative effects and 34% reported a high degree of injury from the abuse.

Although most children might benefit from brief counseling, long-term therapy may not only be unnecessary, it could be medically contraindicated for some. The first step should be a careful assessment of the child to determine what therapy, if any, is needed. The therapy should be individually tailored to the needs of the particular child.

Repeated sessions of feeling-expressive therapy where the child is encouraged to talk about the abuse over and over again and express hatred for the perpetrator can be iatrogenic. This technique, which is modeled after therapy for adult rape victims, has no evidence to support its use with sexually abused children (Wakefield & Underwager, 1988). This is particularly true if the child is not, in fact, abused. Therefore, we recommend not placing the child in a therapy group for abused children or in individual sexual abuse play therapy before a determination is made that the abuse is factual. If the child is distressed, appropriate therapeutic intervention can be done without placing the child in a sexual abuse therapy program. Learning theory-based therapy can target behavior problems and solve them without requiring a child to muck about endlessly in feelings about having been abused.

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